

**The Progress Report  
on the  
International Partnership Against AIDS in Africa**

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UNAIDS

# **The Progress Report on the International Partnership against AIDS in Africa**

## **Introduction**

AIDS is now the leading killer in sub-Saharan Africa. Where 200,000 people died as a result of conflict of war in 1998 in Africa, AIDS killed 2.2 million. In 1999, 2.6 million died of AIDS, the highest number in a single year since the beginning of the epidemic. The progression of the disease has outpaced all projections. WHO projected in 1991 that in 1999 there would be 9 million infected individuals and nearly 5 million cumulative deaths in Africa. The reality in 2000 is many times higher, with 33.6 million infected individuals, and 16.3 cumulative deaths. Around half of all people who become infected with HIV do so before they are 25 years of age.

Nearly 70 percent of the world's infection from HIV/AIDS is to be found in a region that is home to just 10 percent of the world's population. Infection levels are highest in the sub Saharan region where access to care is lowest, and the consequences are enormous. At the national level a country's development is greatly affected, and future prospects are impeded. At a community level, the society is significantly disturbed, and at an individual level, for the persons living with or affected by HIV/AIDS (PLWHA) the consequence is devastating. Advances in the expected life spans of the population have been radically diminished as a result of the epidemic. Throughout the world there are in excess of 11 million children who have been orphaned, 90 percent of these are African children. The need to mount an extraordinary response is thus overwhelming. The development of the epidemic is progressing at three times that of the rate of funding to combat it. Current national AIDS activities in Africa must be expanded dramatically to make an impact on the epidemic.

The Partnership provides a mechanism for all actors to come together, under the leadership of national governments, in support of effective national strategic plans. These plans, which in most cases include the situation analysis, identification of gaps and priorities, costing and indicators, are implemented under an arrangement that defines responsibilities and enable availability of resources. Communication within the Partnership and with all key actors has been strengthened to aims at effective programs and efficient use of resources.

The IPAA will make a major effort to expand funding of national AIDS activities from various sources, including: bilaterals, international private foundations, and national resources freed up as a result of debt relief under the enriched Highly Indebted Poor Countries (HIPC) Programme. One encouraging example of this new, enlarged approach was the round table conference convened by the government of Malawi in March 2000 at which in excess of US\$ 100 million was pledged for the implementation of Malawi's National Strategic Framework.

Opportunities that a year ago seemed all too remote are now developing rapidly

towards practical reality. There is indeed a rising tide in HIV/AIDS awareness, and a willingness to cooperate; we must seize the occasion. The challenges that confront the members of the Partnership are extraordinary and promising.

### **Developing the Partnership**

The International Partnership against AIDS in Africa (IPAA) is a coalition of actors who have chosen to work together to achieve a shared vision and objectives based on sets of mutually agreed upon principles and key milestones. The actors of the Partnership are: African governments, the United Nations, donors, the private sector, including labour, and the community sector. The challenge of the Partnership is to scale-up significantly collective efforts while creating no new structures. The IPAA is intended to be such a mobilization. It builds on existing efforts and seeks to replicate, and then enhance proven successful actions.

The value added of the IPAA lies in consolidating the strengths of programmes proven to have had success, and eliminating duplication of efforts and roles, including:

- ◆ a co-ordinated response which includes nationally negotiated plans to identify gaps and improve efficiency;
- ◆ a scaled-up response by better use of existing resources and new resources (resources are more likely to flow towards well-designed, clearly costed and well-implemented programmes);
- ◆ a linked response among sub-regional, regional, and international resources and initiatives;
- ◆ a response based on the best practices learned from two decades of experience with the epidemic.

In January 1999, when the Cosponsors and the Secretariat adopted a resolution to create the IPAA, with UNAIDS as its Secretariat, they agreed to:

- ◆ work together on an emergency basis to put into place systems and mechanisms for the IPAA;
- ◆ urge all parties involved, but notably the primary actors—the African people and their governments—to act on an emergency basis;
- ◆ commit themselves to building rapidly a coalition of all the key actors as well as religious groups, the private sector, and the UN system organizations;
- ◆ foster sustainable political and social mobilization on a hitherto unprecedented scale;
- ◆ call upon the UNAIDS Secretariat to lead the further development of the Partnership.

The Secretariat held various consultations with African leaders; donors; the private sector; and the community sector, to chart a course for an intensified response by the international community to AIDS in Africa. Agreement was reached between these constituencies on the need for such a response to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa. This was the beginning of the International

Partnership against AIDS in Africa, known as IPAA, or, the Partnership.

The UNAIDS Programme Coordinating Board at its meeting of June 1999 declared the HIV/AIDS epidemic in sub-saharan Africa as a development crisis, endorsed the concept and principles for developing an International Partnership against AIDS in Africa, and requested the UNAIDS Secretariat to report back on a regular basis to the PCB and other partners on the progress made in advancing the Partnership.

*"The AIDS pandemic—unexpected, unexplained, unspeakably cruel—presents us with a tragedy we can barely comprehend, let alone manage ... AIDS leaves poor societies poorer still, and thus even more vulnerable to infection. It brings in its wake discrimination, prejudice, and often violations of human rights. It is taking away not only Africa's present, but also its future. ... The challenge cannot be met without resources. But donors can and must do more than that. They must adopt policies and priorities that meet the needs of the countries most affected. And they must raise awareness in their own countries that AIDS is not over. That AIDS is far more than a medical problem, that AIDS is a threat to an entire generation—indeed, a threat to human civilization as a whole."*

- Kofi Annan, UN Secretary-General.

At a meeting convened by the UN Secretary-General, Kofi Annan, in December of 1999, the constituencies of the Partnership were asked them to plan an unprecedented response commensurate with the scale of HIV/AIDS in Africa. All the five constituencies of the Partnership (African governments, UNAIDS cosponsors, donors, the private sector and the community sector) committed to reach agreement on a "Framework for Action" for a major intensification and mobilization to address the epidemic in Africa. The members of the Partnership also committed themselves to work together under a commonly negotiated framework of action, focusing on nationally and locally set priorities, and led by African governments who confirmed that they were willing to assume the leadership role in the response to AIDS. HIV/AIDS in Africa was also the subject of the first UN Security Council meeting of the new century, which brought visibility for the HIV/AIDS development crisis at a new forum.

Among its preparatory activities, missions were undertaken to five countries to discuss collaboration within countries on the one hand, and between countries and external actors, on the other hand, to intensify the responses against HIV/AIDS, increase resources and scale up successful programmes. Advocacy and mobilization was stepped up for political commitment to promote an enabling environment in which to intensify the battle against HIV/AIDS. There series of negotiations led to reaching agreements to principles, goals, inter-relationships and operation mechanisms. Direct and indirect support was strengthened to assist countries to develop their national strategic plans and analyze and cost activities in the identified priority areas. Sub regional consultations were organized with the participation of UN Theme Group chairs, National AIDS Programme Managers and UNAIDS Country Programme

Advisers. Mechanisms were explored for resource mobilization and development of regional technical capacity.

To begin the operation of the Partnership, the intention is to have made substantial progress in six countries (Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique and Tanzania) by June 2000 and 12 countries by the end of the year which will provide valuable insights into the mechanisms needed to refine the process. At the same time, it is clear that HIV/AIDS activity continues throughout Africa both in high and low prevalence countries, and the basic principles of the IPAA should be applied wherever governments and external partners are working together. The process to include additional countries is ongoing as many more countries indicate their willingness to intensify programmes and mobilise partners and resources against HIV/AIDS.

## **1. THE PARTNERSHIP**

1.1 The actors of the Partnership believe that by acting in synergy with others the impact of individual actions can be dramatically enhanced. Impact on the epidemic has previously been compromised by fragmentation, with actors pursuing agendas in isolation.

1.2 This progress report summarizes the activities of the five constituent groups of the International Partnership against AIDS in Africa, while outlining some of the next steps to further build the Partnership as a key instrument in the response to the HIV epidemic in Africa.

## **2. POLITICAL COMMITMENT**

2.1 African leaders are demonstrating unprecedented leadership in fighting HIV/AIDS. The first step has been an increasing acknowledgment of the crisis by the leaders, followed by their active support in combating the further development of the epidemic. HIV/AIDS has been variously acknowledged as a "tragedy", an "emergency", a "disaster", and also a "national challenge".

2.2 In July 1999, leaders from over 20 African countries, including heads of state and ministers, expressed their support for the Partnership at the Organization of African Unity (OAU) summit in Algiers, and three months later signed an official Co-operation Agreement with UNAIDS. This followed a similar endorsement from Africa's finance and planning ministers at the annual meeting of the Economic Commission for Africa in Addis Ababa in May 1999. Again in August 1999 the Partnership was endorsed by the African Ministers of Health in Windhoek. It has also been endorsed by many African sub-regional institutions.

2.3 In December 1999 at the IPAA meeting convened by the United Nations Secretary-General in New York, the African governments and all members of the Partnership committed themselves to work together on an emergency basis. The

participants at the meeting also gave their support to *the principles* of the Partnership. The principles included African ownership, involvement of persons living with, or affected by, HIV/AIDS (PLWHA), human rights, AIDS as a development crisis, and the implementation of joint strategic plans. The Partnership will work on agreed goals and milestones, advocacy and political mobilization, intensified country level action, increased financial resourcing, technical resource coordination, and the implementation of effective partnership mechanisms. The meeting also resulted in a significant step in the formulation of the “Framework for Action” of the IPAA, setting out the vision, principles, milestones and responsibilities of partners for international actions. Each constituency defined a process for concluding the consultations and actions for the next six months.

2.4 It was agreed that the IPAA will focus on:

- ◆ mobilizing high-level African political support;
- ◆ widening the partnership to include other partners;
- ◆ co-operating with and supporting African governments as they intensify their action;
- ◆ mobilizing further financial resources; and
- ◆ strengthening technical resources.

2.5 An historic event, ensuring high visibility and authority to the IPAA, occurred in January 2000 when the UN Security Council, chaired by Ambassador Holbrooke, held a session on AIDS in Africa – the first time it has devoted a meeting to a development and health issue. The Security Council’s support for UNAIDS and the IPAA was deep and explicit. Requests of the Security Council are being met in several ways, including: an improved communication strategy and activities; increased focus on HIV/AIDS at meetings of UN agencies and councils; the Humanitarian Inter-Agency Standing Committee Working Group (IASC/WG) at has established a small working group led by WHO to work with the UNAIDS Secretariat to develop strategies addressing HIV/AIDS in the UN system, NGOs and other partners operational in conflict situations. Particular attention is being paid to the role of the military and peacekeeping forces in the prevention and the spread of HIV/AIDS. The potential of the HIV/AIDS epidemic to contribute to social instability, leading to conflicts and emergency situations is also being reviewed. A first report which includes a situation analysis and a number of specific strategies for action as well as the actions of the IASC working group is being finalised.

2.6 A Humanitarian Coordination Unit will be established in the Secretariat as of 1st of June, which will be in charge of the coordination of HIV/AIDS in conflict situations, including issues related to the military and peace-keeping operations. Funds have also been allocated for activities by the Civil Military Alliance, a UNAIDS collaboration center, under this arrangement.

2.7 The UNAIDS Programme Co-ordinating Board of June 1999 strongly endorsed the IPAA. A month later, the United Nations Economic and Social Council also passed a resolution affirming the IPAA.

2.8 The UNAIDS Cosponsors and the Secretariat met in Harare, Zimbabwe, in

February 2000 to review the progress made to date and to map the way forward. They acknowledged that HIV/AIDS had now been recognized at the highest political levels throughout Africa, and that substantial progress has been made at country level. A statement was issued in which they further committed themselves to:

- ◆ strengthen work at country level through the Theme Groups in all African countries;
- ◆ prepare and organize roundtables involving the five constituencies of the IPAA to mobilize resources for implementing the costed national plan in the six countries;
- ◆ develop approaches to HIV prevention in countries experiencing civil war and instability; and
- ◆ strengthen mechanisms for inter-agency collaboration, including the development of inter-agency groups.

2.9 At its meeting in Rome on 8 April 2000, the Committee of Cosponsoring Organizations (CCO) assessed the development of the IPAA thus far and considered the proposed next steps for finalisation of the draft Framework for Action document, which will be submitted to the UNAIDS Programme Co-ordinating Body (PCB) in May 2000.

2.10 At a meeting in London in April 1999, co-hosted by the UK Government and UNAIDS, bilateral development agencies pledged to increase their efforts against AIDS in Africa and agreed to actively participate in the further development of the Partnership. The Köln Economic Summit of the G-8 addressed HIV/AIDS during their annual meeting of the Group's Head of State.

2.11 Official contacts have been strengthened with African sub-regional economic development and political institutions such as the African Development Bank (ADB), Economic Community of West African States (ECOWAS), Southern Africa Development Community (SADC), Economic Community of Central African States (ECCAS), Common Market for Eastern and Southern Africa (COMESA), and the East African Community to encourage them in advocacy for political commitment and resource mobilization for HIV/AIDS.

2.12 The Drafting Committee of the five constituencies of the Partnership nominated two representatives each to proceed with the drafting of the Framework of the Partnership and finalize the document. The members of the Committee met in Geneva from 27 – 28 April to negotiate the terms, roles, outputs, milestones and indicators of the Partnership within the Framework.

2.13 The Framework was presented to the Organisation of African Unity's Conference of Health Ministers which met in Ouagadougou from 7 – 9 May. The conference called on all members states of the OAU to adopt the Framework. The report of the conference will be presented to the OAU heads of state at its next summit in Lome in July 2000.

### 3. MOBILISING FINANCIAL RESOURCES

3.1 African governments are showing leadership, and illustrating their commitment by allocating their own resources in the battle against AIDS. In some countries resource mobilization is being linked with debt relief (Zambia and Uganda) and social funds (Tanzania, Ethiopia). Portfolios of the World Bank are being reviewed; linkages between AIDS and Heavily Indebted Poor Countries Initiative (HIPC) will be strengthened. The UNAIDS Secretariat, serving as an informed advocate of exchanging debt relief for AIDS response, will assist countries willing to put together their own policies and programs. To cite but a few examples of other types of leadership and commitment:

- ◆ In Botswana, a nation-wide plan launched by the President last year saw 80% of its funding come from within country. The President himself chairs the National AIDS Council.
- ◆ In Namibia, the Cabinet has approved a new national AIDS Programme that accents decentralization of response, and AIDS is on the agenda of the Namibian National Planning Commission for the next decade.
- ◆ In Zambia (March 2000) a Council and Secretariat on HIV/AIDS/STDs and TB was launched in Lusaka as an implementing agency, intended to play a facilitating and catalytic role in the implementation of the new strategic framework. It will be monitored by a Cabinet Committee composed of the Ministers of Health and Education, Mines and Mineral Development, Communications and Transport, Presidential Affairs and Information and Broadcasting Services. In a country which has 600,000 orphans, it is a significant development.
- ◆ In Uganda (March 2000) the government announced that the Uganda AIDS Commission will remain linked to the Presidency. The government and the Uganda AIDS Commission approved the "Priority Actions for Scaling Up" document, which lays out a detailed agenda for the progression of a variety of HIV/AIDS issues, including the orphans crises.
- ◆ Senegal and Cote d'Ivoire have made available for HIV/AIDS programmes resources and expertise from various sectors.

3.2 Examples of commitment and resources from the initial countries of the Partnership are also in section 7 of this report whilst sections 4 and 5, respectively, highlight activities of donors and the private sector to improve and increase resource allocations to HIV/AIDS activities and programmes in African countries.

3.3 The Economic Commission for Africa will focus on HIV/AIDS as the highest challenge to development during the African Development Forum, scheduled for 22-26 October 2000. The conference, with approximately 800 participants, will include high-level decision-makers from the public and private sectors. Its aim is to share knowledge on the epidemic and promote national actions. It will challenge African leaders to act on a far larger and multisectoral scale. The four principle subjects which have been adopted for the Forum are: AIDS and development; Learning from country responses; Building on lessons learned from intensified responses; and Leadership role and approaches for an effective response. The Forum has as its main theme: "AIDS: the Greatest Leadership Challenge."



3.4 Highly significant efforts have been made to mobilize more resources to support intensified national AIDS programs and to mainstream HIV/AIDS into the development agenda -- that is, to get HIV/AIDS tied more fully into the key country development frameworks and agreements and into the central financing instruments. Under the Highly Indebted Poor Country Initiative (HIPC), HIV/AIDS activities are being positioned to benefit from the monies that are freed up from debt relief.

3.5 The World Bank AIDS Marshall Plan Trust Fund Bill, passed in March 2000, is designed to establish a billion dollar a year fund to combat AIDS, particularly in highly-affected areas such as sub-Saharan Africa. The Trust Fund operations will be tightly coordinated with the UNAIDS, the IPAA, agencies and donors in order to maximize its catalytic impact.

#### **4. MOBILISING TECHNICAL RESOURCES**

4.1 The UNAIDS Secretariat has undertaken consultations on strengthening technical collaboration approaches with Cosponsors and key bilateral and technical agencies in Africa. African representatives, UNAIDS Cosponsors, some donors, and the UNAIDS Secretariat met in Washington in November 1999 to seek to improve technical co-operation in Africa. It was agreed to provide strong coordinated managerial support to the initial countries of the Partnership, while creating a better overall system of support to strengthen technical capacity and advice. Inter-agency groups will be formed to develop AIDS technical inventories of information systems and resource networks around specific themes (e.g. migration, young people) and to support African institutions on training and advisory services.

#### **5. STRENGTHENING COMMUNICATION**

5.1 Communication within countries and other constituent groups and amongst constituencies of the Partnership will be strengthened to facilitate sharing of information, knowledge and programmes.

5.2 UNAIDS developed an advocacy guide and hosted, together with the West Africa News Media Development Centre (WANAD) and the PANOS Institute, a workshop for journalists to promote use of the media in advocating for stronger national responses to AIDS. A leaflet on the IPAA was developed and a brochure distributed in Lusaka in September 1999 during the International Conference on AIDS and STDs in Africa.

5.3 New communication channels, such as e-mails and printed bulletins, have been developed to repackage accessible information and supply advocacy material on the IPAA to all interested parties. The UNAIDS Secretariat has started to communicate regularly on the IPAA to a wide range of partners, and a section for the Partnership has been established in the UNAIDS website. As part of the dynamic communication

strategy, the Secretariat will be able to keep all partners informed and respond to the needs of the key actors for information. Discussion forums will be organized, and up to date development and activities in countries will be available in print and electronic means as soon as possible. Key personalities in Africa will be encouraged to lead the advocacy activities of the Partnership at international level and within countries.

**6.** In addition to the above, Cosponsors of UNAIDS are active in many other issues on HIV/AIDS throughout Africa as members of the IPAA. As regular members of Theme Groups, their contributions are too extensive to list here and the documents of their achievements are available for distribution to interested persons. Some examples listed below give some indication of their contributions:

### **UNDCP**

The most recent additional Cosponsor of UNAIDS, UNDCP is specifically involved in areas where drug use is seen to contribute to the spread of HIV/AIDS. This involves awareness and information programmes, education, prevention, counseling, treatment, and community care and rehabilitation programmes. It also places a strong emphasis on the relationship of illicit drug use and accompanying irresponsible sexual behaviour and its potential for spreading the virus.

### **UNDP**

As the epidemic is increasingly impacting upon the development of many countries, HIV/AIDS is being seen as of importance well beyond the health portfolios. As the countries themselves incorporate policies related to HIV/AIDS into development areas, UNDP is integrating HIV/AIDS into national poverty reduction papers, and has introduced innovative approaches to partnership development. Resource mobilization efforts are being expanded at all levels. UNDP Africa has initiated dialogue with the OAU and UN Economic Community for Africa (ECA), in collaboration with the Alliance of Mayors and Municipal leaders, on HIV/AIDS in Africa. It has developed a \$10 million pilot project in 8 countries, assisted Malawi in convening a round table conference to mobilize resources for the implementation of its National Strategy Plan, and, in its support to development partners and countries, UNDP has integrated HIV/AIDS policies within all sectors of their programmes from ministries right through to civil society.

### **UNESCO**

UNESCO's aim is to encourage the development of effective education strategies that help youth, in particular, to adopt attitudes and behaviours to avoid HIV infection. It also produces studies on the impact of AIDS on education. The results of one pilot study in Côte d'Ivoire—which showed that 7 teachers died each week—led to the government giving new priorities to the national programme on AIDS related to education policy. UNESCO is also encouraging the training of journalists in the field of AIDS, and is supporting the international network of research centers developed by the World Foundation for AIDS Research and Prevention.

### **UNFPA**

The issues of sexual and reproductive health and HIV/AIDS has recently taken on a much greater priority in the ICPD+5 Programme of Action. This has broadened the traditional areas of family planning activities integrated within maternal and child health programmes. Special areas of concern are health information and service programmes for adolescents, and the spread of the virus through Mother to Child Transmission (MTCT). UNFPA Country Support Team directors in Africa have also been requested to renew their commitments to prevention and control of HIV/AIDS in collaboration with other partners, especially the HIV/AIDS Theme Groups at country level.

## **UNICEF**

UNICEF has identified HIV/AIDS as a top priority throughout sub-Saharan Africa. It has started a massive reorientation of its programmes in Africa in five particular areas of action: advocacy, mother to child transmission, young people, AIDS orphans, and AIDS in the UN workplace. It is recruiting a large number of staff to this work and allocating increased resources towards HIV/AIDS. Each of its offices and programmes will consider the development of strategies and activities to mitigate the impact of AIDS on development, in particular in defining matters relating to child survival as a priority. UNICEF has also undertaken to play a more active role in the functioning of the Theme Group mechanism at country level.

## **WHO**

HIV/AIDS is overwhelming the health care services of many member states. WHO has focused its role within the IPAA to ensuring the development of strategies that accent the health aspects of addressing the spread and the impact of the epidemic, particularly at country level. Priority areas are: (a) strengthening health systems, (b) improvement and promotion of evidence-based prevention and care interventions, and (c) strengthening health information systems and surveillance. WHO's cabinet and its Africa Regional Office have agreed to increase technical support to Africa at country and district levels. WHO will monitor the Partnership activities through the Regional Office and the UN country theme groups whose membership includes the WHO country representatives. Evaluation of the impact of the Partnership on the national HIV/AIDS implementation will be jointly undertaken with all the partners. The first comprehensive evaluation will be undertaken at the end of the second year of the Partnership.

## **The World Bank**

The World Bank launched a new strategy in September 1999 placing HIV/AIDS at the centre of its development agenda in Africa. It is initiating an array of AIDS-related projects and impact studies in rural development, education and social funds. The multisectoral AIDS Campaign Team for Africa (ACTAfrica) has been created to serve as the region's focal point. The strategy developed for ACTAfrica includes the engagement in various types of action including strengthening the Bank's capacity to respond, the expansion of available resources, and the expansion of available knowledge and the development of toolkits for all sectors. The World Bank is also active in research, AIDS and education, and in establishing linkages between the Heavily Indebted Poor Countries (HIPC) programmes and AIDS.

## 7. DONOR ACTIVITIES

7.1 Mobilizing financial resources for intensified programmes at country and regional levels is vital. Current spending on AIDS in Africa, about \$150 million a year, needs to double by the end of 2000. Resources are not keeping pace with the challenge, in fact it is increasing at a rate of approximately a third of that which the epidemic is progressing. Recent signals and pledges from African governments, Cosponsors, donors and the private sector indicate a growing willingness to expand greatly their overall funding for national AIDS programmes in Africa.

7.2 In addition to the Security Council of the UN featuring HIV/AIDS on their agenda, the Köln Economic Summit of the G-8 addressed the issue at its annual meeting of Heads of State. These are some of the recent highly significant successes that the issue is receiving from major political institutions. These forums are direct avenues to major governing figures and donor countries.

7.3 A meeting of donors on the IPAA was held in Geneva in early March 2000, in order to clarify their position within the IPAA and to make contributions to the proposed Framework for Action. Donors expressed a willingness to contribute with greater urgency, and they urged that funding mechanisms be improved at all levels and to governments and civil society. They said that the time lapse between contemplating the decision to contribute and the actual contribution of economic resources must be shortened drastically.

7.4 The challenge which is now to scale up successful interventions significantly is, however, more complicated than multiplying small projects. Continued vigilance and attention on the progress of responses to the epidemic must be applied not only to those countries that have been heavily affected, but also those currently with low prevalence.

7.5 The national strategy planning process helps donors identify areas of interest and collaboration. The National AIDS Programme was identified as the core mechanism for information sharing among, and co-ordination of, partners at country level. In countries where there is no strong national co-ordination mechanism, an important role of an expanded Theme Group is to facilitate information sharing among the partners and to support the development of a government led co-ordination mechanism.

A list of some activities in regard to donors follows:

7.6 U.S. Vice President Al Gore, presiding over the UN Security Council Session on AIDS, announced \$150 million in stepped-up US contributions in the worldwide battle against AIDS. Further contributions may be made in the U.S. 2001 budget. The USAID has made its staff available to support development of the Partnership and its operations, including the secondment of a senior expert for one month to carry out country focus of donors' activities. It has also made significant resource mobilisation

for HIV/AIDS in Africa and internationally. Total expected U.S. government direct investment in HIV/AIDS in fiscal year is \$335 million worldwide, of which approximately \$250 million is for Africa. Under the joint project of The LIFE Initiative: Leadership and Investment for Fighting an Epidemic, the USAID and the Centres for Disease Control and Prevention will increase resources for combating AIDS in Africa and improve their coordination.

7.7 Sweden opened a regional office in Harare to support a growing number of HIV/AIDS activities in the region. The Swedish International Development Agency (SIDA) has also established a Task Force to facilitate the integration of HIV/AIDS into its programmes. This is in addition to extensive financial support given to partner countries responding to the epidemic in Africa.

7.8 The Belgian government is financing a WHO technical meeting in South Africa in June 2000. This follows the allocation of financial and technical resources through both bilateral and multilateral cooperation. The Belgian Directorate-General for International Cooperation (DGIC) is presently developing a comprehensive new approach to HIV/AIDS within which a multisectoral Task Force will be put in place.

7.9 Norway granted a further NOK 2.5 million to UNAIDS in December 1999, to be used for programmes within the framework of the IPAA. This was in addition to its core funding part of a 3-year action plan (which began in 1998) to increase support to AIDS related activities, and grants enabling the development of World Bank strategy plans against HIV in Africa. Norway also supports individual programmes in Malawi, Uganda, and Zambia.

7.10 Canada's International Cooperation Minister announced a \$50 million in funding to expand programming in HIV/AIDS related campaigns. The Canadian International Development Agency (CIDA) has been actively fighting HIV/AIDS since 1987, and is currently supporting the Canadian Public Health Association (CPHA), the Centre for International Cooperation in Health and Development (CSSISD), and the University of Manitoba, with \$55 million for their projects on HIV/AIDS in Africa. Canada also announced a \$50 million new fund for HIV/AIDS in December. This is to support successful HIV/AIDS projects in Africa, and in addition to the funding provided by the Canadian International Development Agency (CIDA).

7.11 Japan had promised 90 billion yen in grants over a five year period from 1998 in such areas as education, health, medical services and the provision of safe and clean water in Africa, with the intention that these grants be used with particular emphasis on the fight against AIDS. Japan's official Medium Term Policy on Official Development Assistance (ODA) issued in August 1999 places a high priority on the issue of AIDS, offering both hardware-oriented and advisory assistance to health and medical policies. Japan has endorsed the concept of the IPAA throughout all stages of its development through the past 12 months, and is presently considering further assistance.

7.12 Other donors indicated an increase in their investments on AIDS in Africa (in

US\$): Netherlands, 1.5 million; Australia, 10 million; Italy, 20 million; and the UK, 42 million.

## **8. THE PRIVATE SECTOR ACTIVITIES**

8.1 The private sector includes multi national corporations, pharmaceutical firms, foundations, and trade unions. Private corporations are playing increasingly important roles in advocacy, education, and the provision of financial and technical resources for HIV/AIDS programmes. They are also acknowledging the variety of ways that the epidemic is affecting both their business and their employees. Similarly, trade union associations and labour in general are more directly involved with health concerns of their members and of community groups working in the HIV/AIDS field. Also, the further development of links with private foundations, who have a comparative advantage in being able to invest in higher risk and more innovative approaches over a broader time scale, is increasingly achieving successes.

8.2 The HIV/AIDS “Leadership Meeting” hosted by Hillary Rodham Clinton at the White House in September 1999 was used to raise awareness of the epidemic with US-based foundations and private sector. This was followed by a meeting in Seattle in January 2000 hosted by the Bill and Melinda Gates Foundation and co-sponsored by the MacArthur, Rockefeller and Packard Foundations. Some 17 foundations participated in the meeting which focused upon identifying comparative advantages for private philanthropy in the IPAA. The group reaffirmed its commitments to the Partnership and agreed to utilize the discussions as a catalyst for further collaborative planning and action.

8.3 The private sector, including corporate, labour and foundation, met in London in March 2000, hosted by the Global Business Council on HIV/AIDS (GBC), with Bill Roedy of MTV acting as the new chair, to discuss ways to turn commitment into action following the Secretary-General’s meeting in New York. While the GBC is not a homogenous group, as a confederation of business interests it is able to serve as a body for action throughout the community. It endorsed the draft Framework for Action of the Partnership and will encourage more companies and businesses to make contributions to the fight against AIDS. It will also collaborate with UNAIDS Secretariat to initiate links between the private sector and other partner groups of the IPAA.

8.4 MTV International is committed to influencing its media and corporate peers, and to providing its audience with accurate information in regard to health issues, and on HIV/AIDS in particular. A new 30 minute documentary is being produced in cooperation with UNAIDS and The World Bank as part of the World AIDS Campaign for 2000.

8.5 The United Nations Foundation, established to oversee the administration of Ted Turner’s gift in support of UN causes, has given over US\$ 6 million to HIV/AIDS related projects in Mozambique, Zimbabwe, Botswana and other countries.

8.6 In April 2000 the Bill and Melinda Gates Foundation announced a US\$57 million grant to expand national HIV/AIDS programmes for youth in Botswana, Ghana, Uganda and Tanzania. The UNFPA, respective governments, Programme for Appropriate Technology in Health, Pathfinder International and local groups will implement the programmes.

8.7 Here are some examples of private sector activities, including labour:

- ◆ “Secure the Future”, is a programme to which Bristol-Myers has donated \$100 million over five years;
- ◆ In Nigeria, the Chevron Oil Company is working to protect the wider community;
- ◆ In South Africa, the electricity utility, Eskom, has made HIV/AIDS a strategic priority, guaranteeing benefits to employees with AIDS and their families (it has also funded medical clinics);
- ◆ In Zimbabwe, Rio Tinto has formed in its workforce AIDS action groups, led by volunteer employees who act as counselors and educators among co-workers, and distribute condoms to workers and to the communities;
- ◆ The Congress of South African Trade Unions (COSATU) has issued a guide for shop stewards which includes HIV/AIDS education, and encourages the active participation of shop stewards in increasing the awareness of workers to their legal entitlements as employees in relation to HIV/AIDS. In association with the Federation of Unions of South Africa (FEDUSA), the National Council of Trade Unions (NACTU) and independent trade unions the COSATU has formalized a pledge to campaign for increased implementation of HIV/AIDS related policies throughout the workplace;
- ◆ The Organisation of African Trade Union Unity, the African continental trade union movement, based in Ghana, has developed a Health Safety and Environment Programme (HSEP) and issued guidelines in support of company interventions on HIV/AIDS.

## **9. THE COMMUNITY SECTOR ACTIVITIES**

9.1 The community sector begins with the individuals, families and communities who have organized themselves on the basis of geographic constituents and thematic areas to respond to the epidemic. The community sector includes national and international non-governmental organizations (NGOs), community based organizations (CBOs), religious organizations, traditional healers, youth organizations, women’s networks, networks of PLWHA, media houses and special interest groups.

9.2 At the beginning of the epidemic many initiatives in care and treatment were developed from communities and NGOs, sometimes before any official structures were put in place. Similarly, today, they remain at the forefront of many HIV/AIDS programmes, including advocating and encouraging the use of new therapies. Under the umbrella of IPAA, NGOs and CBOs are able to exchange information more readily, and, as a collective group, influence policy. Their contribution gives the community a voice in many important forums.

9.3 The Africa Council of AIDS Support Organisation (AfriCASO) is to be the focal point of NGOs throughout sub Saharan Africa. With AfriCASO in the lead, other NGO networks, especially the HIV/AIDS Alliance, will work to strengthen local NGO and CBO support systems.

9.4 NGOs and CBOs have endorsed, and committed themselves to support the IPAA at meetings in, respectively, London (April 1999), Dakar (August 1999), Lusaka (September 1999), Gaborone (March 2000), and Dar es Salaam (April 2000).

9.5 AfriCASO, together with UNAIDS, organized the Dakar NGO Group meeting, and were also cosponsors together with NAP+, SWAA, and ICW of the community forum at Lusaka. The latter conference was attended by 240 key frontline community workers and people living with HIV/AIDS and was focused on two themes, namely, the IPAA; and the commitment to establish a comprehensive diagnosis of the current situation of HIV/AIDS and the progress achieved to date.

9.6 Representatives of the community sector also attended the meeting called by the UN Secretary General in New York in December 1999, the outcome of which was an agreement on specific actions, including: the repackaging of all information on the IPAA to make it accessible and understandable to all NGOs and CBOs; the dissemination of information and advocacy; the inclusion of the IPAA into current activities and in-country network developments; and the strengthening of regional networks.

9.7 Information and advocacy for the IPAA has been done by NGOs through newsletters and emails. In-country input collection on the framework concept paper has been gathered in Senegal and Uganda, and is on-going in countries like Malawi, Burkina Faso, Ghana, Tanzania and Ethiopia.

9.8 Other major activities of NGOs include: a summary of the IPAA concept paper was sent for input to members of the constituency; an NGO/CBO workshop was held in Uganda in March 2000 and made contributions on the IPAA and; a NGO meeting was held in Dakar from 20 –22 April to make final inputs into the Framework for Action.

## **10. INTENSIFYING COUNTRY ACTIONS**

10.1 The pivotal element of any programme is the individual country, and preparatory activities for improved support to governments were conducted and activities are being implemented. There have been four joint country missions based on expressed wishes of the governments (Namibia and Burkina Faso in June, Ghana in October and Tanzania in November). In many countries, there has been analysis of National Strategic Plans and the development of steps for the intensification of action. Joint meetings of Theme Groups, National AIDS Programme Managers and UNAIDS



Country Programme Advisers (CPAs) have been organized on a sub-regional basis to discuss processes and mechanisms for improvement to programs, and in developing policies which may attract financial and technical resources from bilateral and donor organizations.

10.2 At country level, the coordinated working of all partners to support the country responses will be reflected in a national strategic plan. In some countries where external partners have agreed to work together in specific sectors, some quasi-formal mechanism signaling the start of this process, such as a statement of intent, may be quite useful. If some partners decide that they wish to enter into common management arrangements, a more formal memorandum of understanding may be required. Another instrument to be considered may be a Code of Practice which covers more general issues on the roles of government, donors and others involved in the common working group.

10.3 The first six countries identified for intensified support through the IPAA – Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique and Tanzania – are at different levels of development in their response to the epidemic. These countries were essentially self-selected as they were the first ones to formally request to be engaged in the partnership. The governments of the six countries, in collaboration with national and international partners, are now fully engaged in the process of intensifying the response to HIV/AIDS.

10.4 Additional countries are being added to the initial six countries and will benefit from the experiences gained to date within the growing Partnership. The beginnings of this programme illustrate that each country will progress at differing rates, with agendas determined by their own particular circumstances. To state the most obvious example, the recent floods in Mozambique shows that even with the best of intentions and circumstances, progress may be disturbed by unforeseen situations.

10.5 A brief country by country report of the examples of activities in the initial six priority countries follows:

## **Burkina Faso**

**Achievements** thus far in Burkina Faso include the:

- ◆ Creation by the President of a National Solidarity Fund;
- ◆ Intensification of the national strategic planning process;
- ◆ Situation and response analysis has been done in the District of Gaoua. An operational plan has been formulated and development and implementation of district response is being considered in 4 districts;
- ◆ Ongoing implementation of AIDS in the workplace programmes in 16 associations and 8 public enterprises;
- ◆ Development of AIDS-related initiatives to be funded through debt relief initiative mechanisms, which will increase funding available for social programmes; and
- ◆ Conference of African Ministries of Health to discuss the IPAA framework, 7-9 May

2000.

**Next steps** in Burkina Faso will focus on the finalization and launching of the National strategic plan followed by the development of a detailed workplan; the launching of strategic plans in all districts by December 2000; the completion of a strategic plan for the private sector; the preparation of a Round Table in December 2000 in order to mobilize funds for the national response; the replication of best practices in local response; and the institutional strengthening of regional and district health structures.

## Ethiopia

**Achievements** in Ethiopia include:

- ◆ the completion by the President of a National Council on AIDS, supported by a National Secretariat;
- ◆ the elaboration of a National HIV/AIDS Strategic Framework 2000 - 2004 as well as regional and federal strategic plans;
- ◆ the decentralization of the National AIDS Programme is now effective and all of the 11 regions have already formulated their Regional Multi-sectoral HIV-AIDS Strategic Plans;
- ◆ the finalization of a comprehensive HIV/AIDS financing study;
- ◆ With support from the World Bank, identification of mechanisms for channeling resources to rural communities (e.g., inclusion of a HIV/AIDS component within the Ethiopian Social Rehabilitation and Development Fund);
- ◆ Individual UN agency representatives have used every opportunity to promote Government commitment to intensified action against HIV/AIDS.

**Next steps** in Ethiopia include the formulation of a resource mobilization strategy based on the financing study, the implementation of the Regional Strategic Plan in conformity with the National Strategic Framework and the strengthening of strategic coordination and multi-sectoral mobilization.

## Ghana

- ◆ The expansion of the Theme Group (TG) and Technical Working Group (TWG) to include all UN agencies, multi/bilateral donors and government sectors has greatly increased collaboration among the partners. Several donors, who are not yet members of these groups, are currently applying for membership. The TG and TWG represent a forum for information sharing, review and coordination of the partners' efforts to support the government's response to HIV/AIDS. e.g.
  - Several agencies have made pledges to contribute towards the District Response Initiative (DRI), which aims at expanding the HIV/AIDS response to the districts. Contributions to the DRI are expected to come from GTZ, UNICEF, UNFPA and UNDP. WHO is already supporting the initiative. The Embassy of the Netherlands and USAID has also indicated interest in supporting district initiatives.

- UNFPA/MCH are supporting a female condom programme which is currently being introduced with assistance from GSMF and SWAA GHANA.
  - The Embassy of the Netherlands has co-financed the PLWHA project with UNAIDS/DANIDA and is interested in to continue providing support in this area.
- ◆ There are several NGOs involved in HIV/AIDS prevention and control – mainly in IEC for the youth. Very few are involved in care and support. The Christian Health Association (CHAG) project in community mobilisation is the only NGO body providing a continuum of care for PLWHA. Co-ordination of NGO activities has been difficult until the formation of GHANET. This umbrella Organisation of mainly NGOs has the potential to assist the NACP with co-ordination of the NGO response.
  - ◆ The Private sector through the Employers Association has embarked on the development of Private sector programmes with the assistance of ILO. The Ministry of Employment and Social Welfare has already undertaken a workplace study to provide employers with data on the impact of HIV/AIDS on productivity. UNFPA has offered technical assistance to address the issue of AIDS in the workplace.

**Other achievements** include the:

- ◆ Finalisation of a comprehensive Situation Analysis;
- ◆ Implementation of a strategic planning process in 10 pilot districts (under the aegis of the District Response Initiative);
- ◆ Proposal to create an Inter-Ministerial body to strengthen the capacity of national institutions; and
- ◆ Organisation of a Workshop to disseminate information on AIDS in the workplace.
- ◆ Organisation of a successful study tour for ministers in Ghana to discuss political commitment towards addressing HIV/AIDS issues with the President in Uganda, to visit the Uganda AIDS Commission and to meet with NGO representatives to learn about the needs of PLWHAs.

**Next steps** in Ghana will focus on building broad consensus based on the situation analysis; the formulation of a resource mobilisation strategy; the initiation of a strategic planning process in 17 districts; the creation of the Inter-Ministerial body; concrete follow-up to the workshop on AIDS in the workplace; and the strengthening of the promotion of female condoms, voluntary counselling and testing and the prevention of mother to child transmission (MTCT), among other services.

## **Malawi**

- ◆ To better facilitate information sharing among the partners involved in HIV/AIDS activities, the Technical Working Group on HIV/AIDS (TWG) was expanded in 1998 to include other partners. The present membership comprise representatives from international development agencies, international NGOs, the umbrella organisation for people living with HIV/AIDS and the National AIDS Secretariat and the TB Programme. Members use the TWG for information sharing on best practices and on

the current activities of their agencies; for the identification of joint funding opportunities; to flag and discuss issues for policy development and implementation; and for joint support for the implementation of national priorities. This forum also facilitates a greater understanding of the roles and mandates of other partners.

- ◆ The UN Theme Group (TG) on HIV/AIDS comprise of the Heads of all UN agencies represented in Malawi: UNDP, UNFPA, UNICEF, WHO (chair), World Bank, UNHCR, FAO, and WFP. The TG has created a common UN identity and cohesion in support of the national response to HIV/AIDS. A UN integrated workplan is currently being developed
- ◆ The TG has been further strengthened by the participation of Malawi in the UN Development Assistance Framework (UNDAF) exercise, its emphasis being on strengthening the co-ordination of activities among agencies. The UN Country Team has been strengthened and it meets on a regular basis to discuss and make decisions regarding all the thematic areas, including HIV/AIDS.
- ◆ There has been a mushrooming of community-based organisations (CBOs) and advocacy groups, including support groups of people living with HIV/AIDS. A national pilot project has recruited individuals with HIV/AIDS as national UN volunteers and placed them at institutions to be involved in strategic planning, policy development, counselling, community outreach, voluntary counselling and testing (VCT) and HIV/AIDS workplace programmes.
- ◆ There has been an increase of activities related to HIV/AIDS by indigenous non-governmental organisations (NGOs) over the last three years, responding to the need to increase the numbers of implementers for greater coverage and increased absorption of donor support.
- ◆ There are a number of bilateral development agencies and international NGOs supporting HIV/AIDS activities in Malawi. Among these are: EU, DFID, USAID, JICA, GTZ, SIDA, CIDA, Norway, the Netherlands, Denmark, Development AID from People to People, Canadian Physicians for Aid and Relief, Medecins Sans Frontieres (MSF) France and Luxembourg, ACTIONAID, Project Hope, AFRICARE, World Vision , Plan International, International Eye Foundation, World Relief, Save the Children Fund (UK), Save the Children Fund (USA). The international NGOs play an important role in building the organisational and implementing capacity of indigenous NGOs.

**Other achievements** include the :

- ◆ Development of a National HIV/AIDS Strategic Framework and Agenda for Action 2000-2004 (launched in October 1999);
- ◆ Formulation of a Technical Cooperation document and Implementation Plan, based on the strategic framework, which includes a detailed workplan and budget estimates;
- ◆ Organisation of a Round Table to mobilise funds for the national plan, which resulted in pledges covering 70 percent of the US\$ 121 million required;
- ◆ Ongoing analysis on the impact of the epidemic on human resources as well as gaps in

- the national response;
- ◆ Mainstreaming of HIV/AIDS into the planning and operations of public and private sector institutions and companies; and
  - ◆ Elaboration of a series of HIV/AIDS workplace programmes for both public and private sector institutions.

**Next steps** include the further development of district plans (to cover 20 districts by the end of 2000), increasing the commitment and participation of national NGOs, institutional capacity building among key partners in the national response and further strengthening of programmes related to information, education and communication (IEC), voluntary counselling and testing (VCT) and prevention of mother to child transmission (MTCT).

## **Mozambique**

The recent floods have considerably slowed activities in Mozambique down. Nonetheless, a number of achievements have been realised during the last 12 months. The **achievements** include the:

- ◆ completion of a national strategic plan in September 99 which was endorsed by the Council of Ministers in February 2000;
- ◆ completion of strategic plans in five provinces;
- ◆ completion of sector plans in health and education, involving a wide range of government and non-governmental partners;
- ◆ NAC co-ordinator nominated;
- ◆ implementation of HIV/AIDS at the workplace within the UN agencies.

**Next steps** in Mozambique will include a review of plans and activities in light of the floods, the organisation of a Donor Roundtable to mobilise resources for the strategic plan, to set up a monitoring system of UN support to the national strategic plan, facilitate the development of the new CCA and UNDAF 2. The initiation of a study on the impact of the HIV/AIDS on the most vulnerable groups in Mozambique and the setting up of a monitoring system of UN support to the national strategic plan, facilitate the development of the new CCA and UNDAF 2.

## United Republic of Tanzania

In Tanzania, **achievements** include:

- ◆ The launching of the national strategic plan in Tanzania (Mainland) and Zanzibar by the Prime Ministers;
- ◆ The involvement of all sectors in the strategic planning process including the civil society and people living with HIV/AIDS;
- ◆ Already 20 (out of 114) districts have developed and are implementing comprehensive responses to HIV/AIDS;
- ◆ In September 1999, a delegation of Tanzanian officials led by the Prime Minister made a study visit to Uganda to learn from the Ugandan experience;
- ◆ Following the International Partnership joint mission which took place in November 1999, the UN Theme group organized a retreat to discuss a UN integrated Workplan to support the national response;
- ◆ In his New Year presidential address, the Head of State called on the population to declare a war against the HIV/AIDS epidemic;
- ◆ In Tanzania, a National Advisory Board has been created by the Prime Minister with the former President Mwinyi as Chair;
- ◆ From 2 to 3 May 2000, the country organized a Public Expenditure Review Consultative Meeting that led to consider HIV/AIDS as a priority; and
- ◆ HIV/AIDS is considered as a priority in the interim Poverty Reduction Strategy Paper, the basis for negotiation on debt relief.

**Next steps** include the following:

- ◆ Greater coverage through expanded local response initiative;
- ◆ Strengthening mechanisms for channeling funds to districts and communities;
- ◆ Increasing donor coordination through information sharing.

## 11. CONCLUDING THE FRAMEWORK FOR ACTION

The Drafting Committee of the IPAA Framework met in Geneva from 27 – 28 April and negotiated the document with final inputs from all the constituencies. The Committee comprises two representatives from each constituency. The draft Framework, produced by the Committee, was considered by the OAU Ministers of Health that met in Ouagadougou from 7 – 9 May, and was proposed by the ministers for adoption by the next summit of OAU heads of state coming up. The Framework document will also go before the UNAIDS Programme Co-ordinating Body (PCB) meeting in Geneva from 25 – 26 May for adoption.

## **Annex**

### **Calendar of upcoming events**

May:

- ◆ UNAIDS Programme Coordinating Board, 25-26 May 2000, Geneva (pre-meeting on the IPAA, if needed)

June:

- ◆ Regional Conference on strategies for combating the spread of HIV/AIDS in West Africa: from awareness, to action plan, to program implementation. 4-9 June 2000, Abuja, Nigeria.

July:

- ◆ Heads of State Summit of the Organization of African Unity (OAU), Lomé, Togo, 4-12 July 2000
- ◆ The XIII International AIDS Conference, Durban, South, 9-14 July 2000.

August:

- ◆ Conference of the Southern Africa Development Community (SADC) (Venue and dates tba)
- ◆ AFRO Regional Committee, 28-30 August 2000, Ouagadougou

October:

- ◆ African Development Forum on HIV/AIDS, Addis Ababa, 22-26 October 2000. The Forum has as its main theme: "AIDS: the Greatest Leadership Challenge."